



California Automated Travel Expense Reimbursement System

CalATERS GLOBAL

ORF Reimbursement

The Office Revolving Fund (ORF) Reimbursement form is required to process ORF reimbursement warrants. The ORF Reimbursement form identifies the department UCM organization code, department name, division or bureau name and mailing address. In the event the accounting office should relocate or the mailing address changes, an updated form is required to ensure that ORF reimbursement warrants are mailed to the correct address.

Requesting ORF Reimbursement Address Changes

Add (A) – used to assign a new ORF reimbursement address in CalATERS Global.

Modify (M) – used to change an existing reimbursement address in CalATERS Global.

Delete (D) – used to remove an existing ORF reimbursement address from CalATERS Global.

Sample

Action (A,D)	UCM ORG Code	Department Name (50 Characters maximum)	Mailing Address
A	1234	State Controller's Office - Administration	3301 C Street Sacramento, CA 95816
M	9999	State Controller's Office – UPD	10600 White Rock Rd, Suite 141, Rancho Cordova, CA 95670
D	9998	State Controller's Office - MS B-08 – Attn: Accntg	300 Capitol Mall Sacramento, CA 95814

ORF Reimbursement forms must be signed by an authorized department representative. Forms are faxed to (916) 324-7270. ORF Reimbursement forms will be processed within two weeks after receipt of form. Note: New departments implementing CalATERS Global must submit form four weeks prior to initial roll out.



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Action (A/M/D)	UCM ORG Code	Department Name (40 characters maximum)	Mailing Address (2 lines, 30 characters maximum per line)

Authorized Department Representative *	Date
Title	Phone Number
Email	Fax

*Authorized department representative must have a signed CalATERS Global Signature Authorization form on file with the State Controller's Office, CalATERS Global Unit.

SCO USE ONLY

Task	Analyst	Completed Date
Department Table		
ORFID Table		
TA Authorization Table		
Create Privilege Groups		
CALSTARS		
SCO-Data Mgmt		
Actuate Table		
Department Notified		

ORF ID: _____